

No. W 66949		Due no later than Sep 30, 2017		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. C & S AUTO REPAIR LLC CHRISTOPHER D NEAL 2435 EAST IONA RD. IDAHO FALLS ID 83401		CHRIS NEAL 2435 EAST IONA RD. IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	CHRIS NEAL	2435 EAST IONA RD. IDAHO FALLS	IDAHO FALLS	ID		83401	
MANAGER	SHANALYN POULSEN	2435 EAST IONA RD. IDAHO FALLS	IDAHO FALLS	ID		83401	
5. Organized Under the Laws of: ID W 66949		6. Annual Report must be signed.* Signature: SHANALYN Name (type or print): SHANALYN Date: 08/17/2017 Title: OWNER / MANAGER					
Processed 08/17/2017		* Electronically provided signatures are accepted as original signatures.					